

## **Rose Transportation INC**

618 Broadway, Pitcairn, PA 15140 412-372-3435

**Application ID:** 1714163177

|  |                   | Applicati                    | on For Employment          |                 |               |                       |
|--|-------------------|------------------------------|----------------------------|-----------------|---------------|-----------------------|
| Job Applied For *  Date of Birth *  Mobile |                   | First Name *                 | Middle                     | Last Nam        | e *           | Social Security No. * |
|  |                   | bile Phone No. *             | Other Phone No.            | Email Add       | dress *       |                       |
| Present Address *                          | Address 2*        | City *                       | State/Province *           | ZIP *           | County        | Yrs at this address * |
|  | *If at current ac | ddress less than 7 years, li | st below most recent addre | esses for the p | oast 7 years. |                       |
|  |                   |                              |                            | _               |               |                       |

| ame - Exactly as i       | t appears on your | driver's license *      | Maide                 | n or other name           | used       |                 |                         |
|--------------------------|-------------------|-------------------------|-----------------------|---------------------------|------------|-----------------|-------------------------|
| DL Type *                |                   | Endorseme               | nts (check all that a | ipply)                    | License Ex | piration Date * |                         |
| ○ A ○ B                  | C None            | ПН                      | T N                   | X P                       |            |                 |                         |
| r Brake Restriction      | on? *             | Automatic 1             | Transmission Restr    | iction *                  | Years of C | DL Experience   |                         |
| Yes No                   |                   | ☐ Yes                   | □ No                  |                           |            |                 |                         |
|                          |                   |                         |                       |                           |            |                 |                         |
| urrent Driver's Lic      | ense Number * I   | ssuing State/Province * | Currer                | es No                     | Card *     | DOT Medical C   | ard Expiration          |
| urrent Driver's Lic      | ense Number * I   |                         |                       | es O No                   | Card *     | DOT Medical C   | ard Expiration          |
|                          | ense Number * I   |                         | ○ Ye                  | es O No                   |            | DOT Medical C   | ard Expiration  Yrs Exp |
| Equipment                |                   | Dr                      | iving/Hauling Expe    | es No No rience           |            | DOT Medical C   |                         |
| Equipment Dry van Tanker |                   | Dr<br>Equipment         | iving/Hauling Expe    | rience  Equipmen  Flatbed |            |                 |                         |

| $\exists$ |             | Education                   |                |                       |
|-----------|-------------|-----------------------------|----------------|-----------------------|
| ║ '       |             |                             |                |                       |
|           |             | Name and Location of School | Years Attended | Diploma/Certification |
|           | High school |                             |                |                       |

| ist driving awards held an   | d who presented them:                                      |  |   |          |                                   |
|--|--|--|---|----------|-----------------------------------|
|  |  | Additional Lice  | nses  |          |                                   |
|  | List ALL   | additional licenses held   | I in the past 5 years.                        |          |                                   |
| State/Province   | License no.  | Class  | Endorsement(s)                                | Ехр      | piration date                     |
| Yes No - Ha  | s any license, permit, or privil                           | lege ever been suspend   | ed. revoked. or denied?                       | *        |                                   |
| 7100 0110  | ve you ever been convicted for                             |  |   |          |                                   |
|  |  |  |   |          |                                   |
|  |  | Accident Review For P  | ast 5 Years                                   |          |                                   |
| Yes No - Ha  | If no Ac   | Accident Review For P  | ast 5 Years                                   |          |                                   |
| No Accidents to repoick on the Plus sign to ad   | If no Acrt.  | Accident Review For P  | ast 5 Years                                   | Injuries | Vehicle Type                      |
| No Accidents to repoick on the Plus sign to ad   | If no Acrt.  | Accident Review For P  | ast 5 Years<br>oust check this box.           | Injuries | Vehicle Type  Personal Commercial |
| No Accidents to repoick on the Plus sign to ad   | If no Acrt.  | Accident Review For P  | ast 5 Years<br>oust check this box.           | Injuries | Personal                          |
| No Accidents to repo   | If no Act. d additional Accidents. ates (head-on, rear-e   | Accident Review For P  | ast 5 Years  sust check this box.  Fatalities | Injuries | Personal                          |
| No Accidents to repolick on the Plus sign to ad D  Last Accident  No Traffic Convictions | If no Acort. d additional Accidents. ates (head-on, rear-e | Accident Review For Pecidents to report, you mend, overturn, etc.)  onvictions & Forfeitures to residents to refer the control of the control | Fatalities es For Past 5 Years                |          | Personal                          |

Name and Location of School

**Years Attended** 

Diploma/Certification

| EMPLOYER #1   |  |                               |                   |
|---|--|-------------------------------|-------------------|
| Company *   | Supervisor's Name  | Supervisor Phone              | Salary            |
| Street Address  Position Held *   |  | City                          | State/Province    |
|   |  | From Date (mm/yy) *           | To Date (mm/yy) * |
| Reason For Leaving *  |  |                               |                   |
| Reason For Leaving *  Hauling What?   | Driving/Hauling E<br>Number of Mor   | Experience With This Employer | pment             |
| Hauling What?   |  | equip                         | pment             |
| Hauling What?  Were you subject to the  Yes No  Was your job designated                         | Number of Mor  FMCSRs while employed by this employed by the empl | oloyer? *                     |                   |
| Hauling What?  Were you subject to the  Yes No  Was your job designated testing requirements as | Number of Mor  FMCSRs while employed by this employed as a safety sensitive function in any by 49 CFR part 40? *   | oloyer? *                     |                   |

## Owner Operator Equipment Form

| Tractor         | Trailer         | ; | Straight Truck  |  | Cargo Van       |  |
|-----------------|-----------------|---|-----------------|--|-----------------|--|
| Make            | Make            |   | Make            |  | Make            |  |
| Model           | Model           |   | Model           |  | Model           |  |
| Year            | Year            |   | Year            |  | Year            |  |
| VIN Number      | Plate Number    | , | VIN Number      |  | VIN Number      |  |
| Plate Number    | Current Mileage |   | Plate Number    |  | Plate Number    |  |
| Current Mileage | Length          |   | Current Mileage |  | Current Mileage |  |
|                 |                 |   | Length          |  | Length          |  |

May we contact current employer? 

Yes 

No

## **Authorization**

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

🔲 \*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

1 hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.

You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

- \* Inquiry to Previous Employer
- \* Previous Employer Inquiry For Driving History & Safety Performance
- \* PSP Consent Form

Print Name\*

- \* Consent for Release of Info Form
- \* Disclosure and Authorization Form
- \* Pre-Employment Controlled Substance Consent Form
- \* Fair Credit Reporting Act Consumer Rights
- \* Drivers Rights Pertaining to Release of Information under Regulation 391.23

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Signature\*

Date

